

U.S. DEPARTMENT OF THE INTERIOR
CERTIFICATION OF REQUIRED OCCUPANCY

NAME OF OCCUPANT: _____ SOC. SEC. NO: _____

INSTALLATION: _____ ORG. CODE: _____ QUARTERS NO: _____

POSITION TITLE: _____ POSITION NUMBER: _____

POSITION SERIES NUMBER: _____ POSITION GRADE: _____

Justification: (Check one or more boxes, below, as appropriate)

☐ Occupancy of the Government furnished quarters by the above occupant is mandatory under the requirements of 5 U.S.C. 5911 because: (Identify isolation, protection of life, property or resource, etc.)

☐ Occupancy of Government furnished quarters is a condition of employment.

☐ Occupancy of Government furnished quarters is for the convenience of the Government.

☐ Subject quarters are on the Government's premises.

Effective Date: _____

PREPARED BY:	_____ SIGNATURE	_____ TITLE OR POSITION	_____ DATE
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RECOMMENDED: ☐ YES ☐ NO

RECOMMENDING OFFICIAL	_____ SIGNATURE	_____ TITLE OR POSITION	_____ DATE
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APPROVED: ☐ YES ☐ NO

APPROVING OFFICIAL	_____ SIGNATURE	_____ TITLE OR POSITION	_____ DATE
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